

Case Number:	CM13-0062444		
Date Assigned:	12/30/2013	Date of Injury:	11/06/2012
Decision Date:	05/16/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	12/06/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 39-year-old female who reported an injury on 11/06/2012. The mechanism of injury was boxes fell from an upper shelf in the closet onto the injured worker's back. The documentation of 09/13/2013 revealed the injured worker was performing a home exercise program with benefit. The injured worker had complaints of chronic upper back pain. The examination of the lumbar spine revealed tenderness to palpation at the lumbosacral joint with muscle tension extending up to the mid back region. The injured worker's medications included Cyclobenzaprine, Pantoprazole, Capsaicin, Lidoderm, Tramadol, and Ambien. The diagnoses included sprain of the lumbar and thoracic region and the treatment plan was for a lumbar pillow driving. It was indicated a regular pillow did not help much.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Lumbar Pillow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.ncbi.nlm.nih.gov/pubmed/23826832ODG>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Durable Medical Equipment (DME).

Decision rationale: Official Disability Guidelines recommend durable medical equipment if there is a medical need or if the device or system meets Medicare's definition of durable medical equipment. The term durable medical equipment is defined as equipment which can withstand repeated use, as in could normally be rented and used by successive patients, as primarily and customarily used to serve a medical purpose, and generally is not useful to a person in the absence of illness or injury. The clinical documentation submitted for review failed to meet the above criteria. It was indicated that a normal pillow did not work, however, there was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for a lumbar pillow is not medically necessary.